

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047822

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. 4227 Registrar's No. 87

FILED DEC 16 1963

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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
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USE BLACK INK
OR
TYPEWRITER RIBBON

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Holt</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Craig</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Craig, Mo.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> c. CITY OR TOWN <u>Craig</u> d. STREET ADDRESS (If outside, give location) <u>-----</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Lloyd</u> Middle <u>J.</u> Last <u>Cunningham</u> | | 4. DATE OF DEATH Month <u>December</u> Day <u>4</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>12/8/1910</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>On farm</u> | 11. BIRTHPLACE (City and state or country) <u>Fillmore, Mo.</u> |
| 13a. FATHER'S NAME <u>Sam Cunningham</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bessie Fentchum</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT Address <u>Mrs. Melvin Gardner - Craig, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIO-VASCULAR ACCIDENT</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>HE HAD BEEN OUT IN FIELD PICKING UP CORN. CAME TO HOUSE AND HAD A HEART ATTACK.</u> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Craig</u> | 20f. CITY, TOWN, OR LOCATION <u>Craig</u> | COUNTY <u>Holt</u> | STATE <u>Mo.</u> |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Harold E. Collier D.O. coroner Holt Co. Oregon Mo.</u> | | 22b. ADDRESS | 22c. DATE SIGNED <u>12-11-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec 10, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Tharp</u> | 23d. LOCATION (City, town, or county) <u>Craig, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Wilbur L. Schooner - Craig, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-12-1963</u> | 26. REGISTRAR'S SIGNATURE <u>James H. Crawford</u> |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by myself, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.